

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/24/2015  
FORM APPROVED  
OMB NO. 0938-0391

|   |   |   |  |  |   |
|---|---|---|--|--|---|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION               |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>445238 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____   |  | (X3) DATE SURVEY<br>COMPLETED<br><br>08/19/2015 |
| NAME OF PROVIDER OR SUPPLIER<br><br>LIFE CARE CENTER OF TULLAHOMA |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1715 N JACKSON ST<br>TULLAHOMA, TN 37388  |  |   |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)   | (X5)<br>COMPLETION<br>DATE               |   |
| F 000   | INITIAL COMMENTS<br><br>During the Annual Recertification survey conducted on 8/17/15-8/19/15, at Life Care Center of Tullahoma, complaint #34935 was investigated. No deficiencies were cited in relation to the complaint under 42 CFR PART 483, Requirements for Long Term Care Facilities. 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY   | F 000   |  |  |   |
| F 371<br>SS=D   | The facility must -<br>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and<br>(2) Store, prepare, distribute and serve food under sanitary conditions<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation and interview, the facility dietary department failed to maintain sanitary food related equipment; failed to dispose expired frozen food stored in the dietary freezer; failed to label and date frozen food prepared by a resident's family and ensure an approved food provider was utilized.<br><br>The findings included:<br><br>Observation on 8/17/15 at 9:30 AM in the dietary department, with the Certified Dietary Manager (CDM) present, revealed white dried debris on the underside of the floor model mixer arm, and sticky blackened debris on the can opener blade, | F 371   | F 371<br><br>1. All observations cited to the dietary department were corrected by the CDM and dietary department staff on 08/19/15. A Care Plan meeting was conducted with family of resident to ensure compliance with regulations on 08/19/15. All food served by the dietary department was ensured to be procured from sources approved or considered satisfactory by Federal, State or local authorities on 08/19/15.<br><br>2. No other negative observations were found during the survey process.<br><br>3. The CDM was in-serviced by the Registered Dietician on 08/19/15 on food procured, stored, prepared, distributed and served under sanitary conditions and by approved Federal, State or local authorities. The CDM also conducted an educational in-service with the dietary staff in regards to the above regulations on 8/21/15. Registered Dietician and CDM will meet with resident's family as needed to ensure patient's dietary needs are being met. The CDM and/or designee will conduct sanitation and storage audits daily x 3 months to ensure compliance. The Registered Dietician will conduct a sanitation and storage audit weekly x 3 months. Audit findings will be reviewed weekly x 3 months with Administrator to ensure continued compliance. | 08/19/15<br><br>08/19/15<br><br>09/24/15 |   |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 371   | <p>Continued From page 1</p> <p>base and the interior slot on the base. Further observation of the "leftover" freezer located in the dietary department revealed 8 4-ounce (oz) cartons of orange sherbet with an expiration date of 7/7/15 and 11 chicken patties in a clear zip lock bag with a "Use by date" of 8/3/15. Further observation revealed 28 unlabeled and undated zip lock bags containing approximately 4 oz of white rice and light brown sauce.</p> <p>Interview with the CDM on 8/17/15, beginning at 9:33 AM in the dietary department, confirmed the orange sherbet and chicken patties were available for resident use and were out of date. Further interview revealed the bags of rice and sauce were for a resident. They were brought in by the resident's family and 1 bag was served to the resident daily at lunch. Continued interview revealed the family made 6-8 weeks of "soup" and provided it to the facility to serve the resident daily.</p> <p>Observation and interview on 8/18/15 at 8:11 AM, with the CDM in the dietary department, confirmed the underside of the floor model mixer arm had dried white debris and the can opener base and interior of the slot on the base had sticky blackened debris present.</p> <p>Interview with the facility Registered Dietitian and CDM on 8/18/15 at 11:32 AM in the CDM's office confirmed the dietary department accepted, stored, re-heated and served food prepared off-site by a resident's family. Further interview revealed the family provided the facility dietary department up to a 6 week supply of individually bagged portions. Further interview confirmed the</p> | F 371   | <p>4. Dietary Manager will report audit results monthly to the PI committee consisted of Medical Director, Administrator, Director of Nursing, Social Services Director, Admissions Director, Business Office Manager, Director of Rehabilitation Services, HIM Director, Environmental Services Director, Maintenance Director, HR Director, for 3 months or until compliance is reached.</p> | 09/24/15                   |   |

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| F 371  | Continued From page 2<br>facility failed to obtain food from an approved and<br>inspected provider source.                   | F 371  |  |                            |  |